

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90086 042 ***550.00

DOCUMENT # F00000006666

1. Entity Name
PROLINK, INC.

Principal Place of Business
ATTN: BRAD LINES
7970 SOUTH KYRENE ROAD
TEMPE AZ 85284

Mailing Address
ATTN: BRAD LINES
7970 SOUTH KYRENE ROAD
TEMPE AZ 85284



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Attn: Tom Schneider
 Suite, Apt. #, etc.

3. Mailing Address
Attn: Tom Schneider
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **86-0689783**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD LECKER, DOUGLAS L**
 STREET ADDRESS **7970 S. KYRENE**
 CITY-ST-ZIP **TEMPE AZ 85252**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **V MCGRADY, STEVEN J**
 STREET ADDRESS **7970 S. KYRENE**
 CITY-ST-ZIP **TEMPE AZ 85252**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME **VST LINES, BRAD**
 STREET ADDRESS **7970 S. KYRENE**
 CITY-ST-ZIP **TEMPE AZ 85252**

TITLE ☐ Change ☒ Addition
 NAME **Thomas Schneider**
 STREET ADDRESS **7970 S. Kyrene**
 CITY-ST-ZIP **Tempe, AZ 85284**

TITLE ☐ Delete
 NAME **D FISHER, STEVEN D**
 STREET ADDRESS **7970 S. KYRENE**
 CITY-ST-ZIP **TEMPE AZ 85252**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D RIDGELY, H M III**
 STREET ADDRESS **7970 S. KYRENE**
 CITY-ST-ZIP **TEMPE AZ 85252**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Thomas Schneider
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/02
 Date

(480) 941-8800
 Daytime Phone #

CR2E034 (4/02)